
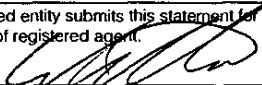



# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90018 004 \*\*\*\*50.00

<b>DOCUMENT # L02000026589</b>					
<b>1. Entity Name</b> ICARUS AIRGROUP, LLC					
<b>Principal Place of Business</b> 10 FOREST LAKE BLVD., #10200 DAYTONA BEACH, FL 32119			<b>Mailing Address</b> 10 FOREST LAKE BLVD., #10200 DAYTONA BEACH, FL 32119		
<b>2. Principal Place of Business</b> 5413 WARD LAKE DR. Suite, Apt. #, etc.		<b>3. Mailing Address</b> 5413 WARD LAKE DR. Suite, Apt. #, etc.			
<b>City &amp; State</b> PORT ORANGE, FL Zip 32128 Country U.S.A		<b>City &amp; State</b> PORT ORANGE, FL Zip 32128 Country U.S.A		<b>4. FEI Number</b> NOT APPLICABLE	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
<b>6. Name and Address of Current Registered Agent</b> HERNANDEZ, WILLIAM 10 FOREST LAKE BLVD., #10200 DAYTONA BEACH, FL 32119			<b>7. Name and Address of New Registered Agent</b> Name SAME Street Address (P.O. Box Number is Not Acceptable) 5413 WARD LAKE DR. City PORT ORANGE FL Zip Code 32128		
<b>8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.</b> SIGNATURE  WILLIAM HERNANDEZ DATE 5/1/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HERNANDEZ, GUILLERMO 10 FOREST LAKE BLVD., #10200 DAYTONA BEACH, FL 32119	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5413 WARD LAKE DR. PORT ORANGE, FL 32128	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HERNANDEZ, WILLIAM A 10 FOREST LAKE BLVD., #10200 DAYTONA BEACH, FL 32119	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5413 WARD LAKE DR. PORT ORANGE, FL 32128	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.</b>					
<b>SIGNATURE:</b>  WILLIAM HERNANDEZ			Date 5/1/04 Daytime Phone # 386-2359097		

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